

Pet Pantry Enrollment Form

First Name: _____ Last Name: _____

Street Address: _____ Zip Code: _____

Phone number: _____ Email: _____

Other adult authorized for pick up (name): _____ How did you hear about us? _____

Pet Name	Species	Age	Gender	Weight	Fixed	Current on vaccines
	cat / dog		M / F		yes / no	yes / no
	cat / dog		M / F		yes / no	yes / no
	cat / dog		M / F		yes / no	yes / no
	cat / dog		M / F		yes / no	yes / no

All Humane Rescue Alliance Pet Pantry clients must adhere to the following to remain active in the program.

Please put your initials to indicate your understanding of the conditions of enrollment in the HRA Pet Pantry program.

_____ I understand that I must provide proof of current vaccinations and spay/neuter for each of my enrolled pets within 6 months of enrollment.

_____ I understand that I must provide proof of my D.C. residency at time of enrollment.

_____ I understand that I may receive food for each of my pets only once per calendar month and that it is my responsibility to pick up the food at one of the pet pantry's designated times, dates, and locations. I understand that I will not receive food if I show up at a location outside of these dates and times. For the most current locations, dates, times, and inclement weather-related updates, I should call: (202) 735-0334.

_____ I understand that the pet food I receive is meant to be supplementary and will not cover an entire month's worth of food or be specific to my pet's dietary needs. I understand that food will be given in the form of dry food only.

_____ I understand that myself and the authorized adult, identified above, are the only people to whom HRA will provide food for my enrolled pet(s), listed above.

_____ I understand that I will be given an HRA Pet Pantry identification card that I must present each time I pick up food for my enrolled pet(s). If the card is lost or stolen, I understand that I must pay \$5 in cash to receive a replacement card.

_____ I understand that the Humane Rescue Alliance reserves the right to refuse service to me.

_____ I understand that the Humane Rescue Alliance reserves the right to revise, change, and/or assign additional conditions to enrollment in the HRA Pet Pantry without notice.

I, (print name) _____, acknowledge and understand that any food I receive from the Humane Rescue Alliance Pet Pantry program is at my own discretion. I understand that the Pet Pantry program is supported by private contributions and, thus, HRA cannot guarantee the brand, quality, type, freshness, and safety of the food provided to me. I release HRA, this program, and its affiliates from all liability that may arise due to the services and products received through the HRA Pet Pantry program.

Signature

Date

For staff use		
Client ID #:	Date of enrollment:	Form of proof of D.C. residency:
ID Card issued: Y / N	Date of 1 st distribution:	Staff initials: